

임신과 수유시의 정신약물치료

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ABSTRACT

Practical Issues in the Psychopharmacotherapy during Pregnancy and Lactation

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Although the pregnancy period has typically been viewed as a time of emotional well-being, recent data do not substantiate this optimistic view for women with prior histories of depression. This paper will review the natural history of depression in pregnancy. The potential risks to the mother and the fetus when the psychiatric illness goes untreated will be reviewed. Also to be discussed are : the potential teratogenicity of each class of psychotropic medication, the treatment dilemmas, the possible alternatives when prescribing psychotropic medications and the decision-making guidelines regarding the discontinuation of medications. The risk of major depression in the postpartum period in the overall population and the likelihood of recurrence will be reviewed, and prophylactic strategies will be covered also. (**Korean J Psychopharmacol 2000;11(1):22-34**)

KEY WORDS : Psychopharmacotherapy · Pregnancy · Lactation.

서 론

임신과 수유는 여성의 생애에서 중요한 시기이며, 이 시기에 적절한 정신약물치료를 받으면 임신과 수유에 부정적인 영향을 미치지 않고, 오히려 임신과 수유를 통해 정신질환의 재발을 예방할 수 있다. 그러나 임신과 수유 시기에 정신약물치료를 받으면 태아나 신생아에 대한 위험이 있으므로, 임신과 수유 시기에 정신약물치료를 받기 전에 의사와 상담하여 위험을 최소화해야 한다. 본 논문에서는 임신과 수유 시기에 정신약물치료를 받는 여성의 임상적 특징, 임신과 수유 시기에 정신약물치료를 받는 여성의 태아나 신생아에 대한 위험, 임신과 수유 시기에 정신약물치료를 받는 여성의 치료 전략, 임신과 수유 시기에 정신약물치료를 받는 여성의 예방 전략을 논한다.

임신과 수유 시기에 정신약물치료를 받는 여성의 임상적 특징은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 태아나 신생아에 대한 위험은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 치료 전략은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 예방 전략은 다음과 같다.

1) 임신과 수유 시기에 정신약물치료를 받는 여성의 임상적 특징은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 태아나 신생아에 대한 위험은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 치료 전략은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 예방 전략은 다음과 같다.

2) 임신과 수유 시기에 정신약물치료를 받는 여성의 임상적 특징은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 태아나 신생아에 대한 위험은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 치료 전략은 다음과 같다. 임신과 수유 시기에 정신약물치료를 받는 여성의 예방 전략은 다음과 같다.

가 가 . . , , 가 가 . 가 20% 가 가 30 40%, 20 30% . 4) 가 . , , 가 , pH 가 , 가 , 가 .

임신과 수유시의 생리적 변화

가

(therapeutic drug monitoring)

- 1) gastric emptying , 2)
- , 2) 가, 3)
- , 4) 가

가임 여성의 평가

가

가

ntal barrier) (blood - place -
(placental transport) (simple diff -
usion)

3)

가

FDA

(Table 1).

1. 약물치료의 위험

가

가

1) , 2)

(behavioral teratogenesis)

, 3)

(teratogenicity)

12

5)

가

8)

(teratogen)

가

2 4%

12% 6,7) 2

가

(

)

가

가

가

가

(perinatal syndrome)

2. 정신질환과 연관된 위험

20

가

Table 1. U.S. food and drug administration (FDA) use-in-pregnancy ratings

Category	Interpretation
A	Controlled studies show no risk : Adequate, well controlled studies in pregnant women have failed to demonstrate risk to the fetus.
B	No evidence of risk in humans : Either animal findings show risk, but human findings do not ; or, if no adequate human studies have been done, animal findings are negative.
C	Risk cannot be ruled out : Human studies are lacking, and animal studies are either positive for fetal risk or lacking as well. However, potential benefits may justify the potential risk.
D	Positive evidence of risk : Investigational or postmarketing data show risk to the fetus. Nevertheless, potential benefits may outweigh risks.
X	Contraindicated in pregnancy : Studies in animals or humans, or investigational or postmarketing reports, have shown fetal risk that clearly outweighs any possible benefit to the patient.

Source. Physicians' Desk Reference, 50th Edition. Montvale, NJ, Medical Economics, 1996.

Table 2. Risk factor of psychotropic drugs

Generic name	Risk category ^a	American academy of pediatrics rating ^b	Generic name	Risk category ^a	American academy of pediatrics rating ^b
Antipsychotics			Other antidepressants		
Chlorpromazine	C	Unknown, but of concern	Bupropion	B _m	N/A
Clozapine	B _m	N/A	Mirtazapine	C	N/A
Fluphenazine	C	N/A	Nefazodone	C	N/A
Haloperidol	C _m	Unknown, but of concern	Trazodone	C _m	Unknown, but of concern
Loxapine	C	N/A	Venlafaxine ^c	C _m	N/A
Mesoridazine	C	Unknown, but of concern	Benzodiazepines		
Molindone	C	N/A	Alprazolam	D _m	N/A
Olanzapine	C	N/A	Chlordiazepoxide	D	N/A
Perphenazine	C	Unknown, but of concern	Clonazepam	C	N/A
Pimozide ^c	C	N/A	Clorazepate	D	N/A
Risperidone ^c	C	N/A	Diazepam	D	Unknown, but of concern
Thioridazine	C	N/A	Halazepam ^c	N/A	N/A
Thiothixene	C	N/A	Lorazepam	D _m	Unknown, but of concern
Trifluoperazine	C	N/A	Oxazepam	D	N/A
Medications for antipsychotic side effects			Prazepam ^c	D	Unknown, but of concern
Amantadine	C _m	N/A	Benzodiazepines for insomnia		
Benzotropine	C	N/A	Estazolam ^c	X	N/A
Diphenhydramine	C	N/A	Flurazepam	X _m	N/A
Propranolol	C _m	Compatible	Quazepam ^c	X	Unknown, but of concern
Trihexyphenidyl	C	N/A	Temazepam	X _m	Unknown, but of concern
Heterocyclic antidepressants			Triazolam	X _m	Unknown, but of concern
Anitriptyline	D	Unknown, but of concern	Nonbenzodiazepine anxiolytics and hypnotics		
Amoxapine	C _m	Unknown, but of concern	Buspirone ^c	B	N/A
Clomipramine	C _m	Unknown, but of concern	Chloral hydrate	C _m	Compatible
Desipramine	C	Unknown, but of concern	Zolpidem ^c	C	N/A
Doxepin	C	Unknown, but of concern	Mood-stabilizing medications		
Imipramine	D	Unknown, but of concern	Carbamazepine	C _m	Compatible
Nortriptyline	D	N/A	Clonazepam	C	N/A
Maprotyline	B _m	N/A	Gabapentin	C	N/A
Monoamine oxidase inhibitors			Lamotrigine	C	N/A
Isocarboxazid	C	N/A	Valproic acid	D	Compatible
Phenelzine	C	N/A	Lithium	D	Contraindicated
Tranylcypromine	C	N/A			
Selective serotonin reuptake inhibitors					
Fluoxetine	C	Unknown, but of concern			
Fluvoxamine ^c	C	Unknown, but of concern			
Paroxetine ^c	C	N/A			
Sertraline	C	N/A			

N/A = not applicable

^aRisk category adapted from Briggs 1994 ; " m " subscript is for data taken from the manufacturer's package insert

^bAmerican Academy of Pediatrics 1994

^cNot listed in Briggs et al. 1994. Risk category taken from Physicians' Desk Reference 1992, 1993, 1994, 1996

10 가
phenothiazine
가
haloperidol
cloz -
가
apine 가
haloperidol 가

임신 중 개별 항정신약물 사용의 영향

가
가 , 가

Table 2
1. 항정신병약물
haloperidol 10
가
9) 가 가
가
Rumeau - Rouquette 10)
315
3.5% 가
phenothiazines chl -
orpromazine IQ 가
(metaanalysis) 가
가 11)
Slone 12) phen -
othiazine 1309 50,282
가
prochlorperazine
Milkovich Van den Berg 13)
6
2. 항우울제
10%

. Amphetamine 가 , 가 .

amphetamine 가 .

18,19) floppy baby 가 .

3. 기분 안정제

1) 리튬 가 , .

가 가 . 70 . Schou²⁶⁾ 5

가 20,21) , 60 .

가 .

. Ebstein's anomaly 가 36 2) 항경련제

가 . 36 가 .

22) .

. 23,24) ,

Ebstein's anomaly .

Ebstein's anomaly Carbamazepine 1% . Valproic acid

1 3% .

가 가

가 가

25) Ebste - 10

in's anomaly 20 . Ebstein's anomaly

20,000 1 ,

2000 1(0.05%) 1000 1(0.1%)

Ebstein's anomaly

(orofacial cleft)

(minor malformation)(, rotated ears, flat nasal bridge, fingernail hypoplasia)

가 . , .

가 . 가

Desipramine

nortriptyline

fluoxetine

SSRI 가 .

ECT가

Sertraline paroxetine

가 . ,

sert -

paroxetine 가

(SSRI

SSRIs

가 , , ,

28,29) 30)

가

fluoxetine

가

MAOIs

bupropion,

venlafaxine, nefazodone

가

가

가

48

2) 강박 장애

(OCD)

52%

OCD가

34)

OCD

()

OCD

fluoxetine

clomipramine

. Clomipramine

가

. Clomipramine

가

3. 불안 장애

1) 공황장애

가

가
가

가
가 가

4. 치료시 유의점

가

가

가

가

가

가

TCA's

TCAs

TCAs

가

가

가 ,
SSRIs

TCAs

SSRI

1) 서면동의

2) 약물의 선정

가

가

가 ,

risk category가 (metabolites) . FDA () 가

가

3) 용량의 결정 요 약

가 가

가 가

가 phenothiazine, lithium, benzodiazepines, valproic acid, carbamazepine

4) 필요시 소아과 의사와 협의 가

가 TCA's SSRIs

가

모유 수유

가 가

가

중심 단어 :

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